

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

RECEIVED
FEC MAIL CENTER

2015 APR 20 AM 7:47

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Delinda Morgan for Congress

ADDRESS (number and street)

23918 NE Spring Hill Rd

P.O. Box 16

Check if different
than previously
reported. (ACC)

Gaston

OR

97119

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

000525154

3. IS THIS
REPORT

NEW

(N)

OR

AMENDED
(A)

OR

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on M M / D D / Y Y Y Y

in the
State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on M M / D D / Y Y Y Y

in the
State of

5. Covering Period

01 01 2015

through

03 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Guy Lance Morgan

Signature of Treasurer

G. Morgan

Date

04 13 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)